

Original or Best
Drawing Specified

MULTIPLE DEPENDENT CLAIM
FEE CALCULATOR - IEET
(FOR USE WITH FORM 10-875)

097913762

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			3			
TOTAL DEP.		26				
TOTAL CLAIMS		29				

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